Family Medicine Clerkship

2016-2017
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Instructors

Education Director

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Tallahassee, FL 32306-4300
Phone: 850-644-7029
Email: suzanne.harrison@med.fsu.edu

Clerkship Directors

<table>
<thead>
<tr>
<th>Campus</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Pierce</td>
<td>Dr. Nancy Baker</td>
</tr>
<tr>
<td>Daytona</td>
<td>Dr. George Bernardo</td>
</tr>
<tr>
<td>Orlando</td>
<td>Dr. Douglas Meuser</td>
</tr>
<tr>
<td>Pensacola</td>
<td>Dr. Hillary Hultstrand</td>
</tr>
<tr>
<td>Sarasota</td>
<td>Dr. Nicole Bentze</td>
</tr>
<tr>
<td>Tallahassee</td>
<td>Dr. Julia Weeks</td>
</tr>
<tr>
<td>Thomasville</td>
<td>Dr. Calvin Reams (Administrator)</td>
</tr>
<tr>
<td>Marianna</td>
<td>Dr. Steven Spence (Administrator)</td>
</tr>
</tbody>
</table>
Course Overview

Description

The Family Medicine Clerkship is a competency-based clerkship in Family Medicine, through which the students will be exposed primarily to ambulatory care. During this Clerkship, they will provide clinical care to patients under the direct supervision of a practicing community-based Family Physician designated as Clerkship Faculty. Students will have an opportunity to care for patients of all ages with a broad range of conditions commonly seen in the outpatient setting, with an emphasis on prevention and care of the patient in the context of family and community. Students will participate in the Clerkship in either a 6-week block or through the Longitudinal Integrated Curriculum (LIC).

Course Components

Assignment #1: Personal Educational Goals

The purpose of this assignment is to enhance the student’s ability to recognize their own learning needs and develop a strategy to meet those needs. Students will choose THREE educational goals specific to their own current learning needs as a 3rd year medical student. These goals should be appropriate for the specific learning environment and can be achieved in the allotted time based on Block Clerkship or LIC. Student must discuss and submit a preliminary plan regarding their personal goals with assigned Clinical Faculty and Clerkship Director (not Education Director) no later than Saturday at the end of the first week of the Clerkship (or by the end of the 3rd week for LIC students). The student will create a strategy for self-improvement that includes appropriate print and online resources, with pre-selected specific targets by which they will assess their own progress. Using these targets, the student will track advancement of clinical skill, knowledge or behavior throughout the rotation. Students are encouraged to seek and incorporate feedback from both Clinical Faculty and Clerkship Director prior to submitting final report. At the end of the block, the final written report in an MS-WORD document format will be submitted to the Student Academics site and to Blackboard. Final report is due by 5 p.m. on the last day of the Family Medicine Clerkship for students on block clerkship, and by the end of winter break for LIC students. All students are encouraged to send a copy of this report to the Education Director in the event that electronic systems are down/unavailable. Examples of exemplary student performance available on Blackboard.

Evaluation of this assignment will be done by the Education Director at the conclusion of the Clerkship, and will be included in the final grade for the clerkship. Assignment will be included in the consideration of final grade for the Clerkship; students must submit an exemplary report to be considered for “honors” for the Clerkship. If the educational goal is returned for revision, a student is no longer eligible for honors, and will be assigned an initial grade of “IR” until remediation has been completed.

Evaluation of this assignment will be based on the following:

1. Was the goal specific and achievable?
2. Did the student develop a thoughtful strategy to address educational goal?
   a. Were there measurable targets?
   b. Were appropriate resources/references identified?
3. Was the student insightful in his/her reflection on the process?
4. Did the student identify what was learned and what was left to learn (or next step)?
### Assignment #2: Systems Project

The purpose of this assignment is to highlight the systems of patient care and how they impact access to care, financial burden, adherence and coordination of care. The student may choose one of two options for this project. Option #1 is the **Referral Project**, which is designed to demonstrate the inter-professional teamwork and collaboration between physicians in the care of the patient and to emphasize the potential for system errors when care is not delivered continuously. Option #2 is the **Cost of Chronic Care Project**, which is designed to highlight the financial impact to patients based on our management recommendations and to demonstrate the importance of evidence-based guidelines in the clinical care of patients as related to medical management of a chronic condition.

Students are encouraged to seek and incorporate feedback from both Clinical Faculty and Clerkship Director prior to submitting the final assignment. Examples of exemplary project performance (not perfect) are posted to Blackboard. At the end of the Clerkship, the final written assignment in an MS-WORD document formal will be submitted to the Student Academics site and to Blackboard. **Final Project is due by 5 p.m. on the last day of the Clerkship.** Students are encouraged to send a copy of this assignment to the Education Director in the event that electronic systems are down/unavailable.

Evaluation of this assignment will be completed by the Education Director. The quality of the completed assignment will impact the student’s final grade for the Clerkship. The Student must submit an **exemplary report to be considered for “honors”** for the Clerkship. If the assignment is returned for revision, a student is no longer eligible for “honors” and will be assigned an initial grade of “IR” until remediation has been completed.

### Option 1: Referral Project

Through this option, the student will learn more about the process of referring a patient to another healthcare provider and the consultation that ensues as a result of the referral process. The system for referral and consultation allows for additional expertise, and also requires special attention to communication if the outcome of services are to benefit the patient. With the guidance of Clerkship Faculty, the student will identify a patient who might benefit from referral to another physician for consultation regarding a specific medical or surgical condition. The student will participate in the initial evaluation and write a SOAP note detailing the patient encounter that includes specific expectations for what the consultant will address (confirm suspected diagnosis, suggest alternative diagnosis, suggest plan of evaluation or treatment, perform specific procedure, temporarily manage a particular problem, assume care of a particular problem). The student will then accompany the patient to the consultation and observe the encounter from the perspective of the patient and/or family. Lastly, the student will write a 500-1000 word reflection about the experience. The essay should include the challenges associated with arranging the appointment, communication issues with the patient and between physicians. Include your own
lessons-learned in the process of caring for this patient and his/her family. All identifying information must be redacted in compliance with HIPPA.

The assignment objectives are as follows: As a result of this activity, the student will...

- Write a SOAP note based on the initial encounter that is worthy of inclusion in the patient’s medical record.
- Advocate for and assist a patient in coordinating care within a complex healthcare system
- Demonstrate an understanding of, and respect for, the roles of the primary care physician and the consulting physician when collaborating in the mutual care of a patient.
- Describe how system flaws can contribute to medical errors.

### Evaluation Rubric for Referral Project

<table>
<thead>
<tr>
<th>Component</th>
<th>Does not meet expectations</th>
<th>Meets Expectations</th>
<th>Exceeds expectations</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOAP Note</td>
<td>Organization</td>
<td>Pertinent details</td>
<td>Treatment plan</td>
<td>Question for consultant</td>
</tr>
<tr>
<td>Reflection</td>
<td>Patient challenges</td>
<td>Communication issues</td>
<td>Systems errors</td>
<td>Lessons learned</td>
</tr>
<tr>
<td>Overall Evaluation</td>
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</tbody>
</table>

**Option 2: Cost of Chronic Care Project**

Through this option, the student will learn more about patient costs for a chronic health conditions – including medications, disease monitoring and management, medical insurance and lost time from work/school. Physician attention to the details mentioned can greatly contribute to adherence to management plans for chronic conditions. The student will explore the financial impact of chronic disease on the patient, how evidence-based guidelines have been applied to management and whether system complexities (such as those with little to no medical insurance or access to care) influence the choices a patient makes when prioritizing needs. With the guidance of Clinical Faculty, the student will identify a patient who agrees to a longer appointment for the purposes of discussing the costs associated with their chronic conditions. The student will participate in the initial evaluation and write a SOAP detailing that encounter including a comprehensive problem list and management strategy. After a long discussion with the patient, the student will create a worksheet outlining one-time and recurring costs associated with medical care of chronic conditions and then write a an 500-1000 word essay in which the student compares the patient’s management with evidence-based guidelines. The essay must also include a reflective component that includes patient’s challenges associated with living with their chronic conditions. All identifying information must be redacted in compliance with HIPPA.

The assignment objectives are as follows: As a result of this activity, the student will...

- Write a SOAP note based on the initial encounter that is worthy of inclusion in the patient’s medical record.
- Learn about the costs associated with management of chronic conditions through an individualized discussion with the patient. Consider and include information regarding cost for medications and comparison with generic equivalents, diagnostic testing, supplies for home-monitoring, therapies,
employer-paid sick leave, hospitalizations and additional costs for child care or adult day care due to appointments or hospitalizations.

- Demonstrate knowledge of how healthcare costs associated with management of chronic conditions can influence decisions regarding utilization of resources.
- Advocate for the patient in coordinating cost-effective evidence-based care plans and improved functional ability.

**Evaluation Rubric for Cost of Chronic Care Project**

<table>
<thead>
<tr>
<th>Component</th>
<th>Does not meet expectations</th>
<th>Meets Expectations</th>
<th>Exceeds expectations</th>
<th>Feedback</th>
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<tr>
<td>SOAP note</td>
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<tr>
<td></td>
<td>Pertinent details</td>
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<td></td>
<td>Problem list</td>
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</tr>
<tr>
<td></td>
<td>Treatment plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost worksheet</td>
<td>All conditions listed</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>All cost items delineated</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Annualized cost</td>
<td></td>
<td></td>
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<tr>
<td>Reflection</td>
<td>Patient challenges</td>
<td></td>
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<tr>
<td></td>
<td>Variations from EBM guidelines</td>
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<tr>
<td></td>
<td>Lessons learned</td>
<td></td>
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<tr>
<td>Overall evaluation</td>
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**Pharmacy Field Trip**

Students will participate in a field trip to a local pharmacy during the Family Medicine Clerkship. As a result of this educational activity, the student will 1) recognize the frequent use of over-the-counter medications, supplements and other products by patients; 2) compare the numerous formulations and options patients are confronted with in choosing an OTC product; 3) apply knowledge gained to specific patient conditions.

**Patient Care**

Students will participate in ambulatory care during this clerkship, with an emphasis on prevention of illness and caring for the patient in the context of family and community. Students are encouraged to participate in the care of hospitalized patients, those residing in skilled nursing facilities, home visits and office-based procedures whenever possible. Management expectations include: a) gathering appropriate histories and performing the appropriate physical examinations; b) formulating preliminary diagnostic impressions including differential diagnosis; c) creating diagnostic and therapeutic care plans; d) performing appropriate health screenings; and, e) documenting patient care through an electronic health record and/or written SOAP notes.

**Patient Log**

Students will record a minimum of 100 patient encounters during the Block Clerkship or LIC, with at least 80% at the “moderate” or “full” level of care. Students are expected to record all clinical conditions, procedures and healthcare screenings that were part of patient encounters. The following table includes **required clinical conditions and healthcare screenings** that must be documented to successfully complete the Family Medicine Clerkship. Patient encounter data will be collected through the E*Value system and must be complete by 5:00 p.m. on the last day of the Clerkship. **Failure to record required patient care** will make a student ineligible for consideration for honors for the clerkship, and may result in a grade of “IR” requiring additional time on the clerkship, or failure.
### Required Clinical Conditions (30)

- Abdominal Pain
- Abnormal Vaginal Bleeding
- Allergic Condition (any type, not drug allergies)
- Anxiety Disorder
- Arthritis (any type)
- Asthma
- Atherosclerotic Disease (any type)
- Cancer (any type)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Dementia
- Depression
- Diabetes Mellitus
- Dizziness
- Dyslipidemia
- Gastroesophageal Reflux Disease
- Headache
- Heart Failure
- Hypertension
- Joint Pain or Injury (other than back pain)
- Chronic Back Pain
- Obesity
- Skin Lesion (benign or malignant)
- Skin Rash or Infection
- Substance Use Disorder
- Thyroid Disorder
- Tobacco Use Disorder
- Upper Respiratory Infection
- Urinary Tract Infection
- Vaginal Discharge

### Required Healthcare Screenings (20)

- Abdominal Aortic Aneurysm
- Alcohol Misuse
- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Dental Caries Prevention
- Depression
- Diabetes Mellitus
- Fall Risk
- Folic Acid Supplementation
- Immunizations
- Intimate Partner Violence
- High Blood Pressure
- Lipid Disorders
- Lung Cancer
- Obesity
- Osteoporosis
- Sexually Transmitted Infection
- Skin Cancer
- Tobacco Use

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**fmCASES and Readings**

The required content for the clerkship is fmCASES, the Family Medicine Computer-Assisted Simulations for Educating Students. This is a virtual patient program and will be incorporated into the clerkship through required cases that encompass the Society of Teachers of Family Medicine national FM clerkship curriculum. This is primarily self-directed and will help build clinical problem-solving skills through independent study, although material and questions will often provide a basis for a clinical discussion during weekly clerkship rounds. There are 40 cases on a variety of topics, and each takes approximately 45-90 minutes to complete. **Students are required to complete 6 cases, 4 of which are specifically required.** The required cases include well woman exam (case 1), well man exam (case 2), type 2 diabetes mellitus (case 6) and hypertension (case 8). In addition, the students must complete an additional 2 cases of their choosing. Students in the Block Clerkship are encouraged to complete all 6 cases in the first 4 weeks to allow for dedicated study time and test prep during the latter part of the clerkship. Students in the Longitudinal Clerkship are required to complete all cases during the first half of the academic year to allow for dedicated study time and test prep after the winter break.

They can be accessed at the MedU website [http://www.med-u.org/fmcases](http://www.med-u.org/fmcases); each student will have access through FSU COM email account. **Student progress will be monitored** by clerkship director and education director.

Students are also expected to locate and read pertinent journal articles and guidelines that assist in the evaluation and management of patients. Suggested readings are available on Blackboard.
Meetings and Educational Sessions

Students will participate in required weekly educational meetings conducted by the Clerkship Director or Clerkship Administrator. For students on away rotations, this will be arranged through videoconference or teleconference. These meetings will include feedback on oral patient presentations and clinical topic discussions (some of which will be based on fmCASES). Clerkship Directors will also provide review patient encounter log and progress on educational goals.

General Clerkship orientation will be accomplished via video posted to Blackboard, campus-specific orientation will be completed by the Clerkship Director via email and/or at the first regularly-scheduled meeting and the site-specific orientation will be done on the first morning when student arrives at assigned at office/clinic for assigned Clinical Faculty. A mid-clerkship formative evaluation will be completed by the Clerkship Director based on input from Clerkship Faculty. End-of-clerkship debriefing will occur during the final week of the Clerkship.

Each student will be observed at least once by the Clerkship Director (or designate for away rotations) during the Clerkship during clinical care of patients. This purpose of this direct observation is to evaluate data-gathering skills, clinical reasoning and oral presentations. Following observation of clinical care, the student will be provided with feedback. When concerns about student performances are noted by the Clerkship Director or Clerkship Faculty, additional student observations will be completed.

Evaluations

Students in the Block Clerkship will complete a self-assessment of clinical and academic performance by the fifth week of the clerkship, and students in the LIC will complete this before winter break. This will be uploaded to the student academics site under the project documents tab. An evaluation of student clinical performance will be completed by the Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will collate all grading components, including all assignments, completion of fmCASES, participation in weekly educational meetings and NBME, to be considered in the final grade after the Clerkship is complete.

Exam

Students will take a web-based NBME examination in Family Medicine at the end of the clerkship. This will include the core 80-question exam with an additional module on chronic care. LIC students will take the FM subject examination in the second half of the academic year, and are encouraged to delay until the near the end of the academic year.

Scheduled Hours

The Family Medicine Clerkship will consist primarily of ambulatory care. There is no requirement for inpatient care, on-call shifts or long-term care, although students are encouraged to participate in those clinical activities when available. Students enrolled in the Block Clerkship will work at least 4 full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site.

Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

Similar to other required clerkships, extended absences from the clerkship are not permitted. Any absence from the clerkship must be pre-approved by the regional campus dean prior to the beginning of the clerkship.
Even with an excused absence, the student will complete the scheduled work as outlined above. The Clerkship Director and Education Director must be notified of any absence in advance. Unapproved absences during the clerkship will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Entrustable Professional Activity</th>
<th>Competency</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Patient Care                | **EPA 1: Gather a history and perform a physical examination**                                  | Obtain accurate and complete information through the patient interview for a patient presenting with an acute medical condition or chronic medical condition.                                                    | • Direct observation by Clerkship Faculty  
• Summative evaluation at end of clerkship                                                             |
|                             | **EPA 1: Gather a history and perform a physical examination**                                  | Perform a targeted physical examination when evaluating a patient presenting with an acute medical condition or chronic medical condition.                                                                    | • Direct observation by Clerkship Faculty  
• Summative evaluation at end of clerkship                                                             |
|                             | **EPA 2: Prioritize a differential diagnosis following a clinical encounter**                  | Perform accurate clinical assessments that include appropriate differential diagnoses in the outpatient setting.                                                                                              | • Direct observation by Clerkship Faculty  
• Mid-clerkship feedback  
• Summative evaluation at end of clerkship                                                             |
|                             | **EPA 1: Gather a history and perform a physical examination**                                  | Recognize pertinent normal and abnormal examination findings.                                                                                                                                              | • Direct observation by Clerkship Faculty and Clerkship Director  
• Summative evaluation at end of clerkship                                                             |
|                             | **EPA 3: Recommend and interpret common diagnostic and screening tests**                        | Develop appropriate plans for diagnostic evaluation and treatment for patients with one or multiple problems, in the outpatient setting.                                                               | • Direct observation by Clerkship Faculty and Clerkship Director  
• Summative evaluation at end of clerkship                                                             |
|                             | **EPA 13: Identify system failures and contribute to a culture of safety and improvement**      | Evaluate the health literacy by assessing patient’s comprehension of written material, verbal instructions and understanding of health information.                                                             | • Direct observation by Clerkship Faculty                                                                |
| Medical Knowledge           | **EPA 13: Identify system failures and contribute to a culture of safety and improvement**      | Perform detailed review of patients’ medications that included indication, treatment targets interactions with other medications, contraindications and potential adverse events. | • Direct observation by Clerkship Faculty and discussion with Clerkship Director                      |
| Interpersonal and Communication Skills | Describe the indications, risks and benefits of diagnostic testing and treatment options. | • Summative evaluation at end of clerkship  
• Direct observation by Clerkship Faculty and discussion with Clerkship Director |
| --------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Interpersonal and Communication Skills | Assess patient’s understanding of medical condition and address the most pressing educational needs of the patient and their families with regard to plan of care. | • Direct observation by Clerkship Faculty  
• Summative evaluation at end of clerkship  
• Systems Project |
| Interpersonal and Communication Skills | Demonstrate cultural competency in interactions with patients from diverse backgrounds and recognize own personal bias/prejudice when interacting with patients. | • Direct observation by Clerkship Faculty |
| Interpersonal and Communication Skills | Communicate diagnostic information and care plan to patients with empathy and sensitivity. | • Direct observation by Clerkship Faculty  
• Mid-clerkship feedback  
• Summative evaluation at end of clerkship |
| Interpersonal and Communication Skills | Use motivational interviewing techniques to communicate the health consequences of an identified behavior with empathy and sensitivity, and then discuss intervention options to develop a plan of care. | • Direct observation by Clerkship Faculty or Clerkship Director |
| Interpersonal and Communication Skills | Respond with empathy and sensitivity to patients with challenging behaviors. | • Direct observation by Clerkship Faculty |
| EPA 6: Provide an oral presentation of a clinical encounter | Create appropriate documentation worthy of inclusion in the patient’s medical record for acute medical problem, chronic medical condition follow-up, preventive care, office procedure and a patient with multiple medical problems. | • Direct observation by Clerkship Faculty and Clerkship Director  
• Mid-clerkship feedback  
• Summative evaluation at end of clerkship |
| EPA 6: Provide an oral presentation of a clinical encounter | Communicate diagnostic information and clinical reasoning to healthcare team with suggested intervention and plan of care through effective oral presentation. | • Direct observation by Clerkship Faculty and Clerkship Director  
• Summative evaluation at end of clerkship. |
<table>
<thead>
<tr>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify personal learning needs and choose three goals for improvement during</td>
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<tr>
<td>the clerkship, and then develop a strategy to address each personal educational</td>
</tr>
<tr>
<td>goal that includes specific targets by which to measure progress.</td>
</tr>
<tr>
<td>• Educational goals assignment</td>
</tr>
<tr>
<td>• Direct observation by Clerkship Faculty</td>
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<tr>
<td>• Discussion with and observation by Clerkship Director</td>
</tr>
<tr>
<td>• Mid-clerkship feedback</td>
</tr>
</tbody>
</table>

| Demonstrate motivation to learn and ability to incorporate feedback into       |
| clinical performance.                                                         |
| • Direct observation by Clerkship Faculty and Clerkship Director               |
| • Mid-clerkship feedback and communication with clerkship director            |

<table>
<thead>
<tr>
<th>EPA 9: Collaborate as a member of an interprofessional team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate respect for the contributions of all healthcare providers</td>
</tr>
<tr>
<td>(physicians, nurse practitioners, physician assistants, nurses, social</td>
</tr>
<tr>
<td>workers, other staff, etc.) involved in the care of a patient.</td>
</tr>
<tr>
<td>• Direct observation by Clerkship Faculty and Clerkship Director</td>
</tr>
<tr>
<td>• Summative evaluation at end of clerkship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice-Based Learning and Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 7: Form clinical questions and retrieve evidence to advance patient care</td>
</tr>
<tr>
<td>Access and apply clinical information from evidence-based electronic resources</td>
</tr>
<tr>
<td>during a patient encounter.</td>
</tr>
<tr>
<td>• Direct observation by Clerkship Faculty and Clerkship Director</td>
</tr>
<tr>
<td>• Summative evaluation at end of clerkship</td>
</tr>
</tbody>
</table>

| EPA 7: Form clinical questions and retrieve evidence to advance patient care  |
| Apply current recommendations for United States Preventive Services Task     |
| Force during patient encounters.                                             |
| • Direct observation by Clerkship Faculty and Clerkship Director             |
| • Patient Log                                                                |

<table>
<thead>
<tr>
<th>Systems-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 13: Identify system failures and contribute to a culture of safety and</td>
</tr>
<tr>
<td>improvement</td>
</tr>
<tr>
<td>Evaluate the care of a patient and impact on illness as it extends outside of</td>
</tr>
<tr>
<td>the primary care physician’s office.</td>
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<tr>
<td>• Systems Project</td>
</tr>
<tr>
<td>• Discussions with Clerkship Faculty and Clerkship Director</td>
</tr>
</tbody>
</table>

| EPA 9: Collaborate as a member of an interprofessional team                   |
| Work effectively with other healthcare providers, social workers,            |
| community agencies, nurses and other healthcare professionals.               |
| • Direct observation by Clerkship Faculty                                    |
| • Summative evaluation at end of clerkship                                    |
Policies

Americans with Disabilities Act

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine’s Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

The Office of Student Counseling Services
Medical Science Research Building G146
Phone: (850) 645-8256
Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
Voice: (850) 644-9566
TDD: (850) 644-8504
sdrc@admin.fsu.edu

Academic Honor Code

The Florida State University Academic Honor Policy outlines the University’s expectations for the integrity of students’ academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State University Academic Honor Policy)

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules See FSUCOM Student Handbook for details of attendance policy, notice of absences and remediation.

Library Policy

The COM Maguire Medical Library is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under Subject Guides found under the Academic/Research tab on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.
Required Materials

Resource Needs

All of the physical resources necessary for this course are either in place or currently being recruited. Affiliation agreements with each of the participating hospitals and residency programs are in place, and new affiliations are occurring all the time. Student learning areas, complete with computers, textbooks and internet access, are available at each regional campus site and at the Rural Training Sites in Marianna, Thomasville and Immokalee. Taken together, these resources (people, equipment, materials and services) are adequate to provide an excellent educational experience for students.

Required Readings

The required content for the clerkship is fmCASES – Family Medicine Computer-Assisted Simulations for Educating Students. This is a virtual patient program and will be incorporated into the clerkship through required cases that encompass the Society of Teachers of Family Medicine national FM Clerkship Curriculum. These cases are self-directed and will help build clinical problem-solving skills through independent study. They can be accessed at the MedU website: http://www.med-u.org/fmcases.

Students are also expected to locate and read pertinent journal articles and guidelines that assist in the evaluation and management of patients or their personal educational needs. Suggested readings associated with required content available on Blackboard.

Grading

The standardized clerkship policy can be found on the Office of Medical Education website.

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the Office of Medical Education website. The Family Medicine Clerkship Blackboard site also has a content area with specific dates and deadlines for the Family Medicine clerkship that will be presented over the course of the entire year, with multiple evaluations and formative assessment periods.